

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 600-3

8 July 1998

Personnel--General
OFF-DUTY EMPLOYMENT

Issue of further supplements to this regulation by subordinate commanders is prohibited, unless specifically approved by HQ MEDCOM, ATTN: MCPE-MA.

1. **HISTORY.** This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.
2. **PURPOSE.** This regulation prescribes procedures and responsibilities pertaining to off-duty commitments by all active duty personnel and Department of Defense (DOD) civilian employee health care practitioners assigned or attached to the U.S. Army Medical Command (MEDCOM) and subordinate activities. The term "commitments" includes all off-duty employment or self employment of any nature, as well as uncompensated volunteer activities involving the delivery of health care or related services. The term "self-employment" includes the sale of insurance, stocks, mutual funds, cosmetics, household supplies, vitamins, and other consumer goods and services, whether commercially manufactured or handcrafted.
3. **REFERENCES.**
 - a. AR 27-40, 19 Sep 94, Litigation.
 - b. AR 40-1, 1 Jul 83, and Interim Change No. 103, 4 Sep 94, Composition, Mission, and Functions of the Army Medical Department.
 - c. AR 40-3, 15 Feb 85, and Interim Changes 01, Jul 95, and 02, Aug 96, Medical, Dental, and Veterinary Care.
 - d. AR 40-68, 20 Dec 89, and Interim Change No. 103, 30 Jun 95, Quality Assurance Administration.
 - e. DOD 5500.7-R, Joint Ethics Regulation (JER), Aug 93, Secretary of Defense.
 - f. DOD Directive 6025.13, Clinical Quality Management Program (CQMP) in the Military Health Services System, 20 Jul 95.

*This regulation supersedes HSC Reg 600-3, 28 May 1992.

4. EXPLANATION OF ABBREVIATIONS AND TERMS. Abbreviations used in this publication are explained in the glossary.

5. APPLICABILITY. The provisions of this regulation are applicable to all active duty military and DOD civilian employee health care practitioners required to possess a professional license or other authorization as prescribed by reference 3f who are assigned or attached to MEDCOM and subordinate activities.

6. POLICIES.

a. Personnel subject to the Uniform Code of Military Justice (UCMJ) who fail to comply with the provisions of this regulation are subject to punishment under the UCMJ and to adverse administrative actions and other adverse actions authorized by applicable sections of the United States Code or Federal regulations.

b. All military personnel and all DOD civilian health care practitioners are prohibited from engaging in off-duty employment (including teaching, lecturing, writing, consulting, and locum tenens) without their commander's prior approval. The MEDCOM must ensure that sufficient active duty military personnel and civilian health care providers are available to provide services to military beneficiaries, 24 hours a day, 7 days a week. These official duties take precedence on their time, talents and attention, including during authorized leave. Off duty commitments may not be allowed to interfere with the DOD military health care provider's official government duties. Health care practitioners defined by reference 3f, include the following health care personnel.

- (1) Physicians.
- (2) Dentists.
- (3) Registered Nurses.
- (4) Practical Nurses.
- (5) Physical Therapists.
- (6) Podiatrists.
- (7) Optometrists.
- (8) Clinical Dietitians.
- (9) Social Workers.
- (10) Clinical Pharmacists.
- (11) Clinical Psychologists.
- (12) Occupational Therapists.
- (13) Audiologists.
- (14) Speech Pathologists.
- (15) Physician Assistants.

(16) Any other person providing direct patient care designated by the Assistant Secretary of Defense (Health Affairs).

c. Military and civilian employee health care practitioners who are engaged in off-duty employment presently or in the future are required to request permission in writing in accordance with this directive's guidance. All health care practitioners engaging in medically related off-duty employment will request permission using the format at appendix A. Personnel engaging in nonmedical off-duty employment will request permission using the format at appendix B. The MEDCOM activity commanders may designate the routing of requests for off-duty employment (appendixes A and B). The applicant will be advised of the commander's decision within 10 working days of application. Commanders will maintain approved requests on file until they are no longer valid.

d. Commanders will request a yearly statement from all Army Medical Department (AMEDD) personnel under their command that states the individual's current off-duty employment status. It is the individual's responsibility to update his/her employment status prior to any change. Negative statements are required from personnel who have terminated off-duty employment and those not involved in such activity.

e. All military personnel and DOD civilian health care practitioners will be required to sign a statement during inprocessing acknowledging their understanding of this command's off-duty employment policies (see appendix C for format).

f. Permission for remunerative off-duty employment will be withdrawn at any time by the command when such employment is inconsistent with references in paragraph 3. If permission is withdrawn, the affected individual may submit a written request for reconsideration to the commander.

g. Limitations and required reports.

(1) Government duties will not be impaired by off-duty employment. As a general rule, off-duty employment should not exceed 16 hours per week. The commander can grant exceptions, when fully justified in writing by the applicant, if circumstances clearly show that the additional hours will not adversely affect government duties. There must be at least a 6-hour rest period between the end of the individual's nongovernment employment and the start of his/her government duties. Military personnel not on official leave will not be granted approval for off-duty employment if the work site is not close enough to allow the individual to return to his/her place of duty within 2 hours time using land transportation.

(2) The individual will not be granted permissive temporary duty (TDY), pass, or compensatory time off for the primary purpose of engaging in off-duty employment. Ordinary leave may be granted in connection with authorized off-duty employment, to include providing testimony in cases arising out of off-duty employment, providing such absences do not adversely affect military duties.

(3) Each individual participating in off-duty employment will submit a report to his/her commander not later than the 10th of each month stating the number of hours worked the preceding month. Submit this monthly report in accordance with format at appendix D and have it verified and signed by the civilian employer or his/her designee.

(4) Officer trainees enrolled in graduate training programs are prohibited from engaging in off-duty employment.

(5) Health care practitioners will not be authorized as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) providers.

(6) Off-duty employment will not involve expense to the Federal Government nor the use of military medical equipment or supplies.

h. Because of potential conflict with government obligations, personnel will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.

i. All personnel will advise potential off-duty employers that they will be subject to respond to alerts or emergencies that may arise during nonduty hours. Such emergencies could possibly delay the individual in reporting for civilian employment or could require the individual to leave his/her off-duty employment without warning.

j. The civilian employer must provide written certification that he/she accepts the regulatory limitations placed on the AMEDD employee. Employers must also agree that, as a condition for off-duty employment of AMEDD personnel, they will not seek reimbursement from CHAMPUS, TRICARE, medical care (MEDICARE), or medical aid (MEDICAID) for treatment of DOD beneficiaries, or military supplemental medical care funds for services provided by AMEDD personnel, nor will they seek direct payment for these services from the patient. AMEDD personnel will neither receive nor accept compensation of any nature, direct or indirect, from the United States for health care rendered pursuant to their official duties (does not apply to dental service provided to continental United States (CONUS) enrollees of the TRICARE Family Member Dental Plan). They may, however, be compensated by MEDICARE and/or MEDICAID for health care to non-DOD entitled beneficiaries.

k. The format at appendix E will be used by employers to acknowledge their understanding and agreement with the limitations of this directive.

l. Practitioners may engage in medical consultation practice with civilian practitioners when authorized by the commander. An officer certified by an American Specialty Board or recognized by The Surgeon General as having achieved an equivalent level of professional ability may, in isolated cases, provide advice or services on a remunerative basis to civilian practitioners in the diagnosis or treatment of patients not entitled to medical, dental, or veterinary care under AR 40-3.

m. AMEDD personnel are prohibited by AR 27-40, paragraph 7-10, and this regulation from providing expert opinion or expert testimony in support of private litigation, regardless of whether they are to be compensated. The terms "opinion" and "testimony" of this prohibition are broadly defined, and include, for example, off-duty employment as a medicolegal consultant for a law firm or attorney, even if actual in-court testimony is neither required nor desired by the firm or attorney.

n. AMEDD personnel may, with their commander's written approval, provide voluntary services for the benefit of institutionalized persons and recognized nonprofit charitable organizations. (A letter to the benefiting institution or nonprofit organization should clearly state that the individual is performing charitable work as a private citizen and that the Government assumes no responsibility for the individual's actions.)

o. Health care personnel will perform procedures necessary to save life or prevent undue suffering at any time in an emergency.

p. Medical, nursing, dental, and veterinary personnel prescribing drugs in off-duty employment are subject to all requirements of the Federal Controlled Substance Act of 1970, to include Drug Enforcement Agency registration and payment of taxes that are imposed upon other physicians, nurses, dentists, and veterinarians conducting private practice.

q. The responsibility for meeting local licensing requirements is a personal matter for AMEDD personnel who wish to engage in off-duty employment. Malpractice insurance is a personal responsibility of the individual requesting permission to engage in off-duty employment. The Army will not be responsible for an individual's acts while he/she is engaged in off-duty employment.

r. Health care practitioners (paragraph 6b) will submit a statement from the prospective employer or local medical society, or a personal letter explaining the impact of the proposed off-duty employment on the civilian community and practitioners.

s. Personnel interested in off-duty employment at more than one location will submit complete justification with their application. A new application is required for each off-duty employment site for individuals who have been previously approved to engage in off-duty work.

t. If the provisions of this regulation conflict with existing negotiated union agreements, the terms of those agreements will be controlling. In any activity where a union was granted exclusive recognition, no new conditions of employment will be implemented without prior discussion with the servicing civilian personnel director regarding the obligation to negotiate with recognized unions.

7. RESPONSIBILITIES. U.S. Army Medical Command activity commanders will:

a. Develop local procedures to implement the requirements of this regulation and cited references.

b. Maintain a file of approved applications and other documents required by this directive.

c. Initiate requests for the annual statements to verify current off-duty employment status.

APPENDIX A

REQUEST FOR OFF-DUTY PROFESSIONAL CIVILIAN EMPLOYMENT

(OFFICE SYMBOL) (MARKS NUMBER)

DATE

MEMORANDUM THRU

Deputy Commander for Clinical Services/Clinic Chief

Chief, Military Personnel Division

FOR Commander, MEDCOM Activity

SUBJECT: Off-Duty Professional Civilian Employment

1. In accordance with AR 40-7, paragraph 1-8, and MEDCOM Regulation 600-3, I request permission to engage in remunerative professional off-duty employment apart from my assigned military (or civilian health care practitioner) duties.

a. Type of employment and nature of work _____

b. Beginning date: _____

c. Hours per day: _____ Number of days per week: _____

Total hours per week: _____

d. Location of work: _____
(name and address of employer)

Telephone number at place of employment: _____

e. Waiting period for patient appointments in my assigned clinic/MEDCOM activity area: _____ days.

2. I understand the regulatory provisions concerning off-duty employment, and I agree to conduct any off-duty employment activities in accordance with those provisions. Further, I understand that:

a. It is my obligation to inform my commander in writing of any change in my proposed off-duty employment, as set forth in this memorandum, before the inception of such change.

(OFFICE SYMBOL)

SUBJECT: Off-Duty Professional Civilian Employment

b. I will not assume outside responsibilities that will in any manner compromise the effective discharge of my duties as an officer (or civilian health care practitioner) in the U.S. Army Medical Department, both as to the number of hours devoted to outside work and my individual limit and capacity.

3. I recognize that I am prohibited from, and cannot in good conscience engage in a private (solo) practice, or assume responsibility for the medical or dental care of any patient on a continuing basis; to do so could result in the compromise of my responsibility to the patient on the one hand or the primacy of my military (or Federal) obligation on the other.

4. I acknowledge that I am prohibited by federal law from receiving additional compensation, either directly or indirectly, for health services provided to DOD or CHAMPUS beneficiaries.

5. I hereby authorize:

a. My off-duty employer to release to the commander, or his designated representative, information concerning the type of employment and nature of work, beginning and ending dates of employment, hours worked per week, number of days per week, and location of employment.

b. Medical insurance companies to release to the commander, or his designated representative, information concerning my registration as an eligible provider of services with medical insurance companies, if applicable--and if associated with a medical practice--identification of the clinic, hospital, or group medical practice associated with its business address and phone number.

c. For the commander, or his designated representative, to release my social security number in association with these inquiries.

6. I have enclosed an assessment of the impact of the proposed employment on the civilian community and practitioners.

(OFFICE SYMBOL)

SUBJECT: Off-Duty Professional Civilian Employment

7. I will submit not later than the 10th of each month a report detailing the number of hours worked during the previous month, including employer verification of that information.

Enclosure

Name, Grade, and Branch of Requester

Recommend approval/disapproval

Recommend approval/disapproval

Name/Grade of Immediate
Supervisor, Date

Name/Grade of C, Department,
Date

OFFICE SYMBOL (OFFICE SYMBOL/DATE) (MARKS NUMBER) 1st End
Name/initials/DSN number
SUBJECT: Off-Duty Professional Civilian Employment

Commander, MEDCOM Activity

FOR Requester

Subject request is approved/disapproved. The reasons for
disapproval are (if appropriate)...

S

SIGNATURE BLOCK
COMMANDER

A

M

P

L

E

APPENDIX B

REQUEST FOR OFF-DUTY EMPLOYMENT

(OFFICE SYMBOL) (MARKS NUMBER)

DATE

MEMORANDUM THRU C, Staff Office Concerned

FOR Commander, MEDCOM Activity

SUBJECT: Off-Duty Employment

1. In accordance with the provisions of MEDCOM Regulation 600-3, paragraph 6b, of which I am aware, I request permission to engage in remunerative off-duty employment apart from my assigned military duties. This part-time employment will not interfere or hinder the performance of my military duties or responsibilities.

a. Type of employment and nature of work: _____

b. Beginning date: _____

c. Hours per day: _____ Number of days per week: _____

Total hours per week _____

d. Location of work: _____
(name and address of employer)

e. Telephone number at place of employment: _____

2. I understand that it is my obligation to inform my commander in writing of any change in my proposed off-duty employment as set forth in this memorandum, prior to the inception of such change.

3. I will submit not later than the 10th of each month a report detailing the number of hours worked during the previous month, including employer verification of that information.

Name and Grade of Requester

(OFFICE SYMBOL)
SUBJECT: Off-Duty Employment

Recommend approval/disapproval

Name/Grade of Immediate
Supervisor, Date

Recommend approval/disapproval

Name/Grade of C, Department
Date

S
A
M
P
L
E

OFFICE SYMBOL (OFFICE SYMBOL/DATE) (MARKS NUMBER) 1st End
Name/initials/DSN number
SUBJECT: Off-Duty Employment

Commander, MEDCOM Activity

FOR Requester

Subject request is approved/disapproved. The reasons for
disapproval are (if appropriate)...

S

SIGNATURE BLOCK
COMMANDER

A

M

P

L

E

APPENDIX C

INPROCESSING STATEMENT FOR OFF-DUTY EMPLOYMENT

(OFFICE SYMBOL) (MARKS NUMBER)

DATE

MEMORANDUM FOR Commander

SUBJECT: Off-Duty Employment (ODE)

1. I am aware of MEDCOM's ODE policies and understand that before I begin any ODE I will obtain my commander's approval. I also understand that if I engage in any ODE I must review and comply with appropriate regulations and policies. Failure to do either subjects me to possible adverse action.

2. I further acknowledge my understanding that:

a. Active duty officers, warrant officers, enlisted personnel, civilian health care practitioners, and equivalent personnel will not engage in ODE without command approval.

b. Military personnel who fail to obtain command approval prior to engaging in ODE or who do not fully comply with the provisions of appropriate regulations are subject to punishment under the UCMJ, as well as possible adverse administrative action.

c. Personnel not subject to the UCMJ who fail to obtain command approval are subject to adverse administrative action or criminal prosecution as authorized by applicable section of the United States Code or Federal regulations.

3. Upon application for ODE, I understand that I must arrange an interview with my commander, or his designated representative, to discuss and review requirements and policies applicable to ODE.

(SIGNATURE)

(PRINTED NAME)

(GRADE)

APPENDIX D

MONTHLY REPORT OF HOURS WORKED

(OFFICE SYMBOL) (MARKS NUMBER)

DATE

MEMORANDUM FOR Commander,

SUBJECT: Report of Hours Worked

As required by MEDCOM Regulation 600-3, the following is a complete tabulation of off-duty employment hours by the undersigned for the month of _____, (year) _____.

DATE	# HOURS	DATE	# HOURS	DATE	# HOURS
1	_____	13	_____	25	_____
2	_____	14	_____	26	_____
3	_____	15	_____	27	_____
4	_____	16	_____	28	_____
5	_____	17	_____	29	_____
6	_____	18	_____	30	_____
7	_____	19	_____	31	_____
8	_____	20	_____		
9	_____	21	_____		
10	_____	22	_____		
11	_____	23	_____		
12	_____	24	_____		

TOTAL HOURS _____

SIGNATURE
TYPED OR PRINTED NAME
GRADE

The above information has been reviewed by the undersigned and verified as correct.

SIGNATURE
TYPED OR PRINTED NAME
BUSINESS NAME

APPENDIX E

OFF-DUTY EMPLOYER'S ACKNOWLEDGEMENT
COMPANY LETTERHEAD

TO: Commander

1. (Grade/Name) has applied and is accepted for employment in this organization.
2. I understand the following are conditions for employment:
 - a. Because of potential conflict with government obligations, the individual will not assume responsibility for the medical or dental care of any patient on a continuing basis nor engage in private (solo) practice.
 - b. The employee is required to respond to alerts or other emergencies that could delay him/her in reporting for work or could require him/her to depart the work site without advance notice.
 - c. I may not request reimbursement from the Department of Defense (DOD) or the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), from medical care (MEDICARE) or medical aid (MEDICAID) for services provided to DOD health care beneficiaries by this employee, nor will I request direct payment from the patient for such service.
 - d. This individual's employment will not involve expense to the Federal Government nor involve the use of military medical equipment or supplies.
 - e. We will limit the individual to 16 hours off-duty employment per week unless granted an exception in advance by his/her commander for extended hours.
 - f. A member of this organization will verify as correct and sign the employee's monthly report to his/her commander showing the number of hours worked in the previous month.
 - g. Upon the commander's request, we will provide information regarding this individual's employment.

SIGNATURE
TYPED OR PRINTED NAME
BUSINESS NAME

GLOSSARY

Section I

Abbreviations

AMEDD.....	Army Medical Department
CHAMPUS.....	Civilian Health and Medical Program of the Uniformed Services
CONUS.....	continental United States
CQMP.....	Clinical Quality Management Program
DOD.....	Department of Defense
JER.....	Joint Ethics Regulation
MEDCOM.....	U S Army Medical Command
MEDICAID.....	medical aid
MEDICARE.....	medical care
ODE.....	off-duty employment
TDY.....	temporary duty
UCMJ.....	Uniform Code of Military Justice

Section II

Terms

This publication contains no special terms.

The proponent of this regulation is the Office of the Assistant Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCPE-MA, Fort Sam Houston, TX 78234-6006.

FOR THE COMMANDER:



JOHN J. CUDDY
Major General, DC
Chief of Staff

DAVID L. SCHROEDER
Colonel, MS
Assistant Chief of Staff for
Information Management

DISTRIBUTION:
Ab; Ba; Cb; Db; Eb

SPECIAL DISTRIBUTION:
HQDA (DASG-HDC), 5109 Leesburg Pike, Falls Church, VA 22041-3258 (1 cy)
MCPE-MA (100 cy)
MCHS-AS (50 cy)
MCHS-AS (Library) (1 cy)
MCHS-AS (Editor) (2 cy)